NO. OF COPIES MEC	TIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GA5		
OPERATOR			
PROBATION OF			

	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
:	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
	TRANSPORTER GAS		7	2.0° / / / / / / / / / / / / / / / / / / /		
	OPERATOR					
1.	PRORATION OFFICE					
	Union Texas Petroleum Corporation					
	Address D.O. Pow ROS Farming	ton. New Mexico 87499				
	Reason(s) for filing (Check proper box)	ON OOC, TUTINGTON,				
	New Well	Change in Transporter of:	This well began producing the other			
	Recompletion Change in Ownership	OII Dry Gas pipeline on 4/15/83 for tests. Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	ormation Kind of Lea	ise Lease Nc.		
	Lease Name	12 Undesignated (State Feder	ral or Fee Federal SF047020-B		
	Congress Location		·			
	Unit Letter K : 1950	Feet From The South Line	e andFeet From	The West		
	Line of Section 35 Town	nship 29N Range	11W , NMPM, San	Juan County		
II.	DE. IGNATION OF TRANSPORT	ER OF CIL AND NATURAL GA	S Address (Give advress to which appr	roved capy of this jarm is to be sent)		
	Plateau, Inc.		P.O. Box 489, Bloomfie			
	No fior Authorized Transporter of Cast Union Texas Petroleum	n Corporation	P.O. Box 808, Farming	ton, New Mexico 87499		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. K 35 29N 11W	ls gas actually connected? W	(hen 4/12/83		
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	n - (X) XX	XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 5980		
	12/15/82 Elevations (DF, RKB, RT, GR, etc.)	2/3/83 Name of Producing Formation	5994 Tep 08/Gas Pay	Tubing Depth		
	5717 R.K.B.	Gallup	5390	5932		
	Ferforations 5390 - 5934 (Total of	: 87 holes)		Depth Casing Shoe 5993		
	3390 - 3934 (10tal 01		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	14-3/4" 9-7/8"	10-3/4", 40.50# 7-5/8", 26.40#	332 5384	325 cu. ft. 3005 cu. ft. (2 stages)		
	6-3/4"	5-1/2", 17.00#	5212 - 5993	195 cu. ft.		
		2-3/8" E.U.E., 4.70#	5932			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	4/16/83	4/17/83	Flowing	Choke Size		
	Length of Test	Tubing Pressure 228	Casing Pressure	1		
	24 hours Actual Prod. During Test	011-Bbls.	Water-Bbls.	1-1/4" Gas-MCF		
	83 bbls.	83 1 50 5	1	451		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Obbs sheate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
/I.	CERTIFICATE OF COMPLIANCE	CE	^	PR 2 1 1983		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Original Signed by FRANK T. CHAVEZ			
			TITLE SUPERVISOR DISTRICT # 3			
	This form is to be filed in compliance with RULE 1104.					
	The second for allowable for a newly drilled or deepen					
	Kenneth E. Roddy (Signature) well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.			cordance with RULE 111.		
			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
			Fill and only Sections !	II. III. and VI for changes of owner, orter, or other such change of condition.		

Separate Forms C-104 must be filed for each pool in multiply completed wells.